Ceremonial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
County of Los Angeles					TOTAL CONTRACTOR
Division, Department, or R	tegion (If Applicable)			For Official Use Only
Board of Supervisor, First	District			1	
Designated Agency Conta					
Barbara Garcia, Ticket Adr	ministrator				
Area Code/Phone Number				Amendment (Must p	provide explanation in Part 3.)
213-974-4111	bgarcia@bos	.lacounty.go	οv	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inf	ormation				
Does the agency have a tid	cket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	50.00
Event Description Hollywo	ood Bowl		Date(s) 07	,02 ,2019	
Event Description	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provide	d by agency?	Yes No	If no: Hollyw	vood Bowl	
				Name of So	urce
Was ticket distribution mad of agency official?	le at the behest	No⊠ Yes	If yes:	Official's Name (Last, First)
				ome.cr o rame (2000, 1 1100
 Recipients Use Section A to identify the ag 	ancy's danariment or	unit allea Sa	ction B to identify an individu	ual a lies Section C to iden	atifu an outside organization
		Number of	p kilopakki piloto i to i to ari ye		The terminal section of
A. Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	I to the agency's policy
Staff		2	Per ticket policy 5.3	(k)	
B. Name of Indiv	idual	Number of Ticket(s)/		Identify one of the follow	dina:
(Last, First)		Pass(es)			
			Ceremonial Role	Other	Income _
			I distant	The state of the s	
			Ceremonial Role	Other	Income
			if checking "Geremon	nial Role" or "Other" describe below:	
			D.		
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy
				COLUMN TO THE TAXABLE PARTY OF TAXABLE PART	The second secon
					WAR THE TOTAL THE STATE OF THE
	San Wasseller				
. Verification			7/1000 07/20 1000/		
I have read and understand FPPC R	1.1		1		
Jullin ?	100	a Garcia		et Administrator	5/16/19
Signature of Agency Head or Desi	gnee	Print Nar	ne	Title	(Month, Day, Year)
Comment:					
Comment, C		77 108 (3)		EDDO Tall Con- Halar	FPPC Form 802 (4/12
				rero ion-rree Helpline:	866/ASK-FPPC (866/275-7772

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
	Division, Department, or Region (If Applicable)				
Board of Supervisor, First District	and anomalous and the state of				
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.go	οv	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				50.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	50.00	
Event Description Hollywood Bowl		Date(s) 07	02 2019		
Trovide TiberExpire		Hollyw	ood Bowl		
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of So	ource	
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes: ☐			
of agency official?	110 = 100	■ 11 yes. E	Official's Name	(Last, First)	
3. Recipients			**************************************		
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
Staff	2	Per ticket policy 5.3 (k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role	Other _	Income 🔲	
		If checking "Ceremon	ial Role" or "Other" describe below:		
				*	
		Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
			the state of the s		
4. Verification					
I have read and understand FPPC Regulations 18944.1 and		1			
Signature of Agency Head or Designee	a Garcia		et Administrator	3/14/19	
Signature of Agericy need of Designee	Print Nan	IIC	Title	(Month, Day, Year)	
Comment:					
			EDDC Toll From Unin!	FPPC Form 802 (4/12)	
			i i o ion-riee neihine:	866/ASK-FPPC (866/275-7772)	

Ceremonial Ro	le Events and Tid	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Ang	geles				Form OUZ
	ent, or Region (If Applicabl	e)		4	For Official Use Only
Board of Supervis	or, First District				
Designated Agend	y Contact (Name, Title)]	
Barbara Garcia, Ti	cket Administrator				
Area Code/Phone	Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111	bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Ev	ent Information				
Does the agency h	nave a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	0.00
Event Description	Hollywood Bowl Provide Title/Exp		Date(s) 07	,02 ,2019	
Ticket(s)/Pass(es)	provided by agency?		lf no: Hollyv	vood Bowl	urce
Was ticket distribution of agency official	tion made at the behest	No⊠ Yes	If yes:	Official's Name (L	
				,	
3. Recipients • Use Section A to iden	tify the agency's department or		ection B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Ager	ncy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Staff		2	Per ticket policy 5.3	(k)	
B. Nam	e of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role If checking "Ceremon	Other describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Other Other describe below:	income
	utside Organization Iress and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
Vanisia di					
I. Verification I have read and understa	nd FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have v	erified that the distribution set f	orth above is in accordance with	h the requirements
Lanka	1 / 1	a Garcia	1 1	t Administrator	3/14/19
Signature of Agency P	dead or Designee	Print Nan	me L	Title	(Month, Day, Year)
Comment:		-			

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles		Form OUZ			
	Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
	Board of Supervisor, First District		R. POT JAK. AL. T. T. TANSAH CHUSANAN S. S. SANSAH DUMAS HANJAKSUN JAKSUN JAKSUN JAKSUN JAKSUN JAKSUN JAKSUN J			
	Designated Agency Contact (Name, Title)					
	Barbara Garcia, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	213-974-4111 bgarcia@bos	.lacountv.g	OV	Date of Original Filing:		
7	Function or Event Information	, ,			(Month, Day, Year)	
۷.	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	0.00	
		iese ivo		,02 2019		
	Event Description Hollywood Bowl Provide Title/Expl.	anation	Date(s) 07	102 12019		
	manual de intermenualismo en un di		Hollyw	ood Bowl		
	Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of So	urce	
	Was ticket distribution made at the behest	No⊠ Yes	If yes:			
	of agency official?			Official's Name (I	Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or it		ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Staff	2	Per ticket policy 5.3	(L)		
	Starr	2	ref ticket policy 5.5	(K)		
		Number of				
	B. Name of Individual	Ticket(s)/		Identify one of the followi	ing:	
		Pass(es)	Ceremonial Role	Other		
			Ansenversor: 2-0.00200000000000000000000000000000000	al Role" or "Other" describe below:	Income	
			Ceremonial Role		Income	
			If checking "Ceremoni	al Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	to the agency's policy	
				Control of		
1	Verification					
••	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements	
ļ	Barbara			t Administrator	5/16/18	
1	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	
					,, 25,, 153,	
	Comment:					
			F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable	livision, Department, or Region (If Applicable)				
Board of Supervisor, First District	0000001 - 200000 <u>2000000 000000000000000000000</u>		1		
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				50.00	
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	50.00	
Event Description Hollywood Bowl Provide Title/Exp.	Isoation	Date(s) 07	02 ,2019		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Hollyv	vood Bowl		
Was ticket distribution made at the behest	No⊠ Yes		Name of So	nurce	
of agency official?	140 = 163	i yes.	Official's Name (Last, First)	
B. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
Staff	2	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income	
		Ceremonial Role If checking "Ceremor	Other United Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
				ada an ee a ka ee ahaa ahaa ah	
			A 2 - William Control of Control		
Varification					
. Verification I have read/and understand FPPC Regulations 18944.1 and	118942 have v	erified that the distribution set f	iarth shave is in accordance will	th the manifestation	
	a Garcia	1 1	et Administrator	1 51. 11.	
Signature of Agency Head or Designee	Print Nan		Tille	(Month, Day, Year)	
				(wonth, Day, rear)	
Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				roilli
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			I,	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	50.00
Event Description Hollywood Bowl		Date(s) 07	02 2019	
Provide Title/Expla	anation	Procession 1997		E VL T
Ticket(s)/Pass(es) provided by agency?	Yes□ No	.▼ If no: Hollyw	ood Bowl	
		professional description	Name of So	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last. First)
			,	
 Recipients Use Section A to identify the agency's department or it 	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of	Land and a series of the series of	lic purpose made pursuant	
The state of Agents, Bepartment of Other	Ticket(s)/ Pass(es)	Describe the pub	nc parpose made parsuant	to the agency's policy
Staff	\mathbb{I}_{2}	Per ticket policy 5.3	(L)	MATERIAL PROPERTY OF THE PROPE
Stan	2	ref ticket policy 5.3	(N)	
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	1 200(00)	Ceremonial Role	Other 🔲	Income
		10000-00-000000-00-00000-00-00-00-00-00-	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial Company of the character of the c	Other Use of "Other" describe below:	Income _
The state of the s				
				and the said and an artist of the said and a
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
	Ì			
	<u> </u>			
. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18042 have v	adiad that the distribution and f		u. n
1 -4	a Garcia		onn above, is in accordance wil t Administrator	SIL. IC
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
	, ,,,, van		nae	(wonth, Day, Year)
Comment:				Manager of Association and Approximately and a Committee of the Committee

Ce	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
(County of Los Angeles	ļ	Form OUZ			
-	Division, Department, or Region (If Applicable	•)			For Official Use Only	
	Board of Supervisor, First District		COLUMN TO THE RESERVE TO THE TOTAL PROPERTY OF TOTAL PROPERTY OF THE TOTAL PROPERTY OF T	1		
- 1	Designated Agency Contact (Name, Title)			4		
Г	Barbara Garcia, Ticket Administrator					
L	Area Code/Phone Number E-mail		The state of the s	Amendment (Must p	provide explanation in Part 3.)	
-	213-974-4111 bgarcia@bos	.lacounty.ge	OV	Date of Original Filing:		
2	Function or Event Information			I F	(Month, Day, Year)	
	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	50.00	
	Hallyward Payd	resea Mo	07	,02 2019		
I	Event Description Follows Bowl Provide Title/Explain	anation	Date(s)	1,02 ,20.5		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Hollyw	ood Bowl		
	ricket(b)/r add(cd) provided by agency?	Yes No	11110.	Name of So	ource	
١	Was ticket distribution made at the behest	No ⊠ Yes	If yes:			
	of agency official?		-	Official's Name (Last, First)	
	Recipients					
-	Use Section A to identify the agency's department or its section A to identify the agency's department or its section.		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
-	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
	Staff	2	Per ticket policy 5.3 (k)			
Ļ			Ter development 3.5			
Ļ		Number of				
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Ī			Ceremonial Role	Other 🔲	Income T	
			If checking "Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role If checking "Ceremonial Role If checking "Ceremo	Other U	Income [
Г						
(Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Γ						
Г						
	Verification A		111			
I	have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wil	th the requirements.	
	Barbara Barbara	a Garcia	Ticke	t Administrator	8/16/19	
1	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
,	Sommont					
(Comment: L				FPPC Form 802 (4/12)	
			. (1	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)	

Cere	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Ac	gency Name				Date Stamp	California 802
Cou	unty of Los Angeles					Form 50
Div	ision, Department, or Reg	on (If Applicable	e)			For Official Use Only
Boa	ard of Supervisor, First Dis	trict	W. 1920 W.			
	signated Agency Contact (
Bar	bara Garcia, Ticket Admir	istrator				
	ea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	-974-4111	bgarcia@bos	s.lacounty.go	οV	Date of Original Filing:	Marth Con Vand
2. Fu	ınction or Event Infori	nation			<u></u>	(Month, Day, Year)
	es the agency have a ticke		Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	0.00
	V=1 5		1032 110		,02 ,2019	
Eve	ent Description Hollywood	Provide Title/Exp	lanation	Date(s) 07		
Ticl	ket(s)/Pass(es) provided by	agency?	Yes□ No	If no: Hollyw	ood Bowl	
	net(a) aco(co) provided by	agono,	TESE INO		Name of Sou	rce
	s ticket distribution made a	t the behest	No⊠ Yes	If yes:	0.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1.5
OI	agency official?				Official's Name (L	ast, First)
	cipients				25 54200 EPV flow 2407-0 1000 - 0	W 0 8038 80 80
	se Section A to identify the agency		Number of	ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Sta	ff		2	Per ticket policy 5.3	(k)	
<u> </u>						
<u></u>	Name of Individua		Number of			
B.	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income [
				If checking "Ceremoni	al Role" or "Other" describe below:	
<u> </u>			1	Ceremonial Role	T other []	. [7]
					Other	Income [
			1			
C.	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant t	o the agency's policy
					And the second s	
					West of the second seco	w.communication of the state of
	rification	<u> </u>		***************************************		
I hay	e read and understand FPPC Regul			erified that the distribution set fo	orth above, is in accordance with	the requirements.
16	malil	Barbar	a Garcia	Ticke	t Administrator	87/6/19
C	Signature of Agency Head or Designee		Print Nam	ne -	Tille	(Month, Day, Year)
Cor	mment:					
COI	mnont, L					FPPC Form 802 (4/12)
				F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and	d Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (If Ap	pplicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Tit	le)			
Barbara Garcia, Ticket Administrator	•			
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	a@bos.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	50.00
Event Description Hollywood Bowl		Date(s) 07	,02 ,2019	
Provide 7	Title/Explanation			
Ticket(s)/Pass(es) provided by agenc	y? Yes□ No	✓ If no: Hollyw	rood Bowl	
Mos tisket distribution d	7 <u></u>		Name of Se	ource
Was ticket distribution made at the be of agency official?	hest No⊠ Yes	☐ If yes: ☐	Official's Name	(Last, First)
8. Recipients				· · · · · · · · · · · · · · · · · · ·
Use Section A to identify the agency's departs	ment or unit. • Use Se	ction B to identify an individu	al. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of	The state of the s	lic purpose made pursuan	
	Ticket(s)/ Pass(es)			Section and agency a point,
Staff	2	Per ticket policy 5.3 ('L\	
Stati		rer ticket policy 5.5	N)	
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	Income 🗍
		If checking "Ceremoni	al Role" or "Other" describe below:	
				ğ
		Ceremonial Role	Other	
			al Role" or "Other" describe below:	Income [_]
				and the second s
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuan	t to the agency's policy
	Pass(es)			
				- 1335 W - W W. W. W. W. W. W.
Vanisiansian				
. Verification I have read and understand FPPC Regulations 189.	44.1 and 18942. I have ve	erified that the distribution set fo	odh above is in accordance w	ith the requirements
1 / /	Barbara Garcia		t Administrator	-111/16
Signature of Agency Head or Designee	Print Nam	The state of the s	Title	(Month, Day, Year)
				(g. olin, say, roal)
Comment:				5 0.7.5.
		F	PPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Tomin 55-
Division, Department, or Re	egion (If Applicable	e)	71. 04. 04. 04. 04. 04. 04. 04. 04. 04. 04		For Official Use Only
Board of Supervisor, First D	District				
Designated Agency Contac	t (Name, Title)				
Barbara Garcia, Ticket Adm	ninistrator	***************************************			
Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
213-974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	rmation				0.00
Does the agency have a tick		Yes⊠ No	Face Value o	f Each Ticket/Pass \$	0.00
Event Description Hollywo	od Bowl		Date(s) 07	,02 ,2019	
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided	by agency?	Yes□ No	If no: Hollyw	rood Bowl	
Was ticket distribution made	at the beheat	[항]		Name of Sou	lice
of agency official?	at the benest	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients		· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the ager	ncy's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Departs		Number of Ticket(s)/ Pass(es)	The second second second	ic purpose made pursuant	S. Hay the street of the street of
Staff		1	Doubieket melieu F 2 /	LA .	
Stall		2	Per ticket policy 5.3 (к)	
		Number of			
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		1 400(00)	Ceremonial Role	Other	Income C
			**************************************	al Role" or "Other" describe below:	moonie _
			Ceremonial Role If checking "Ceremonial	Other Other	Income
Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (to the agency's policy
				and the second s	Company of the same of the sam
A STATE OF THE STA					
Verification					
I have read and understand FPPC Reg			11		the requirements.
mount	Barbara			Administrator	8/16/19
Signature of Agency Head or Designa	98	Print Nam	ne	Title .	(Month, Day, Year)
Comment:					
	2	- ALIKANIA			FPPC Form 802 (4/12
			F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				Tomi S S
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing	:[]
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	50.00
	Lear INC		,02 2019	
Event Description Hollywood Bowl Provide Title/Expl	anation	Date(s) 07	102 12019	<u> </u>
Ticket(s)/Pass(es) provided by agency?		Hollyw	ood Bowl	
ricket(s)/rass(es) provided by agency?	Yes No	If no:	Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes	.□ If yes: □	- APP-	
of agency official?	\$ 000 NO. 10.		Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or		ction B to identify an Individu	ıal. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Ayes, you would some coming annual many with the second	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other U	Income
		in Checking Ceremon	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Alma Family	30	Per ticket policy 5.3 (i)	
Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	ith the requirements.
(And Barbara	a Garcia	Ticke	t Administrator	8/16/19
Signature of Agency Head or Designee	Print Nan	ne L	Title	(Month, Day, Year)
Comment:				

Cere	monial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Ag	ency Name			Date Stamp	California 802
Cou	inty of Los Angeles				Form OUZ
š	sion, Department, or Region (If Applicable	e)			For Official Use Only
Воа	rd of Supervisor, First District	n 2000,000 000			
Des	ignated Agency Contact (Name, Title)]	
Barl	oara Garcia, Ticket Administrator				
Are	a Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213·	-974-4111 bgarcia@bos	s.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Information				
Doe	es the agency have a ticket policy?	Yes⊠ No	Face Value of	f Each Ticket/Pass \$	115.00
Eve	nt Description Hollywood Bowl		Date(s) 08	,05 ,2019	
Tick	tet(s)/Pass(es) provided by agency?	Yes No	If no: Hollyw	vood Bowl Name of So	ource
	s ticket distribution made at the behest agency official?	No ⊠ Yes	If yes:	Official's Name (
3. Re	cipients				
	e Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ıal. • Use Section C to iden	itify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Stat	Staff		Per ticket policy 5.3	(k)	
D	Name of Individual	Number of			
В.	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Interest of the other othe	Income
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	rification read and understand FPPC Regulations 18944.1 and Barbar. Signature of Agency Head or Designee	i 18942. I have vo a Garcia Print Nan	Ticke	orth above, is in accordance wi t Administrator	th the requirements. (Month, Day, Year)
Con	nment:				(Honn, Day, 1081)